

Region 6 Healthcare Preparedness Newsletter

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National Hospital Week May 6 -12, 2007

The celebration of National Hospital Week (NHW) began in 1921 when a magazine editor suggested that more information about hospitals might alleviate public fears about the "shrouded" institutions of the day. From that beginning, Hospital Week expanded to facilities across the nation. Today, through promotion and participation, National Hospital Week has grown into the nation's largest healthcare event.



For National Hospital Week, May 6-12, 2007, we are paying tribute to the pride, professionalism and people of healthcare with the inspiring slogan "Care You Count On, People You Trust." A Unifying theme, it spotlights the extraordinary relationship between hospitals and the communities we serve.

CDC Issues Interim Recommendations for Facemask and Respirator Use During an Influenza Pandemic

The Centers for Disease Control and Prevention (CDC) has released interim guidance for the use of facemasks and respirators by the general public in certain public settings during an influenza pandemic.



The document describes interim guidance for the use of facemasks and respirators in certain public settings during an influenza pandemic. Very little information is available about the effectiveness of facemasks and respirators in controlling the spread of pandemic influenza in community settings. In the absence of scientific data, this document offers interim recommendations that are based on public health judgment and on the historical use of facemasks and respirators in other settings. In brief, these interim recommendations advise the following:

- Whenever possible, rather than relying on the use of facemasks or respirators, close contact and crowded conditions should be avoided

during an influenza pandemic.

- Facemasks should be considered for use by individuals who enter crowded settings, both to protect their nose and mouth from other people's coughs and to reduce the wearers' likelihood of coughing on others. The time spent in crowded settings should be as short as possible.
- Respirators should be considered for use by individuals for whom close contact with an infectious person is unavoidable. This can include selected individuals who must take care of a sick person (e.g., family member with a respiratory infection) at home.

Facemasks and respirators should be used in combination with other preventive measures, such as hand hygiene and social distancing, to help reduce the risk for influenza infection during a pandemic. This interim guidance will be updated as new information becomes available.

The full guidance document can be found at:

<http://www.pandemicflu.gov/plan/community/maskguidancecommunity.html>

In a Moment's Notice: Surge Capacity in Terrorist Bombings

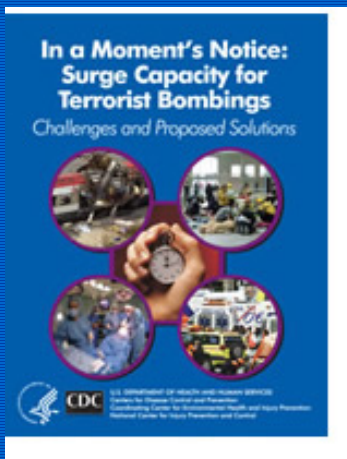
In an instant, an explosion can wreak havoc on a community — producing numerous casualties with complex, technically challenging injuries not commonly seen after natural disasters such as floods, tornadoes, or hurricanes. Because many patients self-evacuate after a terrorist attack, and prehospital care may be difficult to coordinate, hospitals near the scene can expect to receive a large influx—or *surge*—of victims after a terrorist strike. This rapid surge of victims typically occurs within minutes, exemplified by the Madrid bombings where the closest hospital received 272 patients in 2.5 hours.

To address the challenges posed by such an event, CDC's National Center for Injury Prevention and Control convened an expert panel, charged with identifying creative strategies that could be adopted in a timely manner to address surge issues from terrorism. The panel included experts in the areas of emergency medical services, emergency medicine, trauma surgery, burn surgery, pediatrics, otolaryngology, intensive care medicine, hospital medicine, radiology, pharmacology, nursing, hospital administration, laboratory medicine (blood bank), and public health.

The document, which is the result of the expert panel meetings, reflects the opinions and recommendations of the experts. It includes a description of system-wide and discipline-specific challenges as well as recommended solutions to address these challenges. The proposed solutions for the discipline-specific challenges have been incorporated into easy to use templates that can assist various disciplines in managing surge needs for injuries.

The full report can be found at:

<http://www.bt.cdc.gov/masscasualties/surgecapacity.asp>



New DVD Will Help Train Healthcare Workers to Provide Respiratory Care During Disasters

The Department of Health & Human Services' (HHS) Agency for Healthcare Research and Quality today released a DVD titled "Cross Training Respiratory Extenders for Medical Emergencies (Project XTREME)," to train health care professionals who are not respiratory care specialists to provide basic respiratory care and ventilator management to adult patients in any mass casualty event. Principal target groups for the training are physicians, physician assistants, and nurses.



"The DVD is not intended to train health care professionals to become respiratory therapists, but to expand our respiratory care capacity in the event of a major public health emergency," said AHRQ Director Carolyn M. Clancy, M.D. "I hope the DVD will get widespread use to ensure that we have adequate medical resources if confronted by a bioterrorist attack or other large-scale public health emergency."

For More Information, visit:

<http://www.ahrq.gov/news/press/pr2007/xtremepr.htm>

Regional Approaches to Hospital Preparedness

University of Pittsburgh Medical Center, Center for Biosecurity

This article describes issues related to the engagement of hospitals and other community partners in a coordinated regional healthcare preparedness and response effort. The report is based on interviews with public health and hospital representatives from 13 regions or states across the country (*including King County*). It aims to identify key ingredients for building successful regional partnerships for healthcare preparedness as well as critical challenges and policy and practical recommendations for their development and sustainability.



The full report can be found at:

http://www.upmc-biosecurity.org/website/resources/publications/2007_orig-articles/2007-04-09-regionalapproacheshospitalprep.html

A Decision Making Framework for Allocation of Scarce Ventilators - Clinician's Biosecurity Network Report, May 3, 2007

On March 15, 2007, the New York State Workgroup on Ventilator Allocation in an Influenza Pandemic and the New York State Task Force on Life and the Law issued a draft document for public comment entitled "Allocation of Ventilators in an influenza Pandemic: Planning Document ." This 52-page document proposes an ethical framework, a specific process, and criteria for making very difficult decisions about who should receive life saving care when demand is high and the number of ventilators available is insufficient. Because of



the difficult and delicate ethical and legal issues inherent in such a proposal, the workgroup is explicitly requesting review, discussion, and comment from the professional community and the public. Comments and questions on the planning document may be submitted to panflu@health.state.ny.us. After incorporating public feedback, the revised final document will be issued as voluntary, non-binding guidance for healthcare workers and facilities. The intent is to pair these guidelines with legislation that would provide immunity to professional liability suits to those health care providers who follow them.

The planning document and Frequently Asked Questions can be found at:

<http://nyhealth.gov/diseases/communicable/influenza/pandemic/ventilators/>

Preparedness for Chemical, Biological, Radiological, Nuclear and Explosive Events - Questionnaire for Healthcare Facilities

With the attacks of September 11, 2001, Hurricane Katrina, and more recently the potential for a flu pandemic, Federal, State, and local governments and public and private health care systems increasingly have focused on the ability of the health care system to prepare for and respond to mass casualty incidents. A critical component of a public health emergency preparedness strategy is the availability of tools to assist government agencies and healthcare facilities alike in emergency preparedness planning. This questionnaire will help both agencies and individual health care facilities assess preparedness. Such an assessment offers government officials and health care system administrators a point of departure for this aspect of preparedness planning.

To assess the readiness of hospitals and other health care facilities for chemical, biological, radiological, nuclear, and explosive (CBRNE) events, States, localities, and hospitals can use this functionally downloadable questionnaire. Some hospitals may address events such as these as a component of an "all hazards" plan.

The questionnaire materials can be found at:

<http://www.ahrq.gov/prep/cbrne/>

King County Crisis Line - Volunteers Needed

Crisis Clinic is recruiting volunteers for its daytime training sessions, June 11, to June 23. Volunteers work on the 24-hour Crisis Line providing immediate and confidential telephone support to people in crisis and emotional distress. Professional training and supervision are provided. For additional information, please call (206) 461-3210, ext.697, email volunteerservices@crisisclinic.org or check out our website at www.crisisclinic.org/volunteers.



King County Healthcare Coalition



The King County Healthcare Coalition is a network of healthcare organizations and providers that are committed to strengthening the Healthcare system for emergencies. The following workgroups currently meet as part of the King County Healthcare Coalition to address Preparedness issues in the healthcare community.

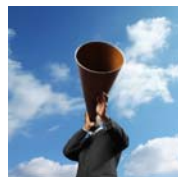
Workgroup & Committee Updates

Outlined below are current updates for some of the King County Healthcare Coalition committees and workgroups. Please consult the Healthcare Coalition website for additional information.

Committee/Workgroup	Staff
Healthcare Coalition Development	Cynthia Dold, 206-205-0456 Cynthia.dold@metrokc.gov
Healthcare Coalition Administrative Staff	Lydia Ortega, 206-296-5079 Lydia.ortega@metrokc.gov
Ambulatory Care Committee	Aimee Welch, 206-205-4145 aimee.welch@metrokc.gov
Alternate Care Facilities	Tony Cebellero, 206-205-8621 Anthony.Cebollero@metrokc.gov
Critical Care Workgroup	Lewis Robinson, MD, 206-205-5091 lewis.rubinson@metrokc.gov
Hospital Emergency Prep Committee	Danica Mann, 206-947-5565 Danica.mann@overlakehospital.org
Infectious Disease Workgroup	Jeff Duchin, MD, Jeff.duchin@metrokc.gov
Legal Workgroup	Amy Eiden, 206-206-8969 amy.eiden@metrokc.gov
Medical Director's Committee	Jeff Duchin, MD, Jeff.duchin@metrokc.gov
Puget Sound Call Center Coordination	Joe Cropley, 206-517-2383 cropley@wpc.org
Regional Medical Resource Center	Allison Schletzbaum, 206-731-6213 aschletz@u.washington.edu
Mental Health Planning	Michelle McDaniel, 206-205-5389 Michelle.mcdaniel@metrokc.gov
Long Term Care Planning	Carlos Dominguez, 205-205-8185 Carlos.dominguez@metrokc.gov

Upcoming Meetings

- Pharmaceutical Taskforce
May 9, 2007
8.30-10.00 AM
- Hospital Strategy Group:
May 10, 2007
7.30 – 10.00 AM
- Region 6 Hospital
Emergency Preparedness
Committee: May 24, 2007
7.30 AM – 10.00 AM
- Executive Council Meeting
June 4, 2007
Talaris Conference Center
11.00 – 1.00 PM



Please welcome the two newest members of the Healthcare Coalition staff team – **Michelle McDaniel**, Mental Health Planning Manager and **Carlos Dominguez**, Long Term Care Emergency Planner!! Please see their updates to find out more about what they will be doing for the Healthcare Coalition.

The Healthcare Coalition meeting calendar for 2007 is also available on the website:

www.metrokc.gov/health/hccoalition/index.htm



Mental Health Planning

The Mental Health Planning Manager, Michelle McDaniel, started on March 1st. This is a new position in the preparedness section of Public Health-Seattle & King County and is co-sponsored by the King County Mental Health and Chemical Dependency Services Division. Michelle's work plan for 2007 includes working with the Healthcare Coalition to accomplish the following:

- Assist Region 6 in-patient psychiatric units and outpatient mental health/chemical dependency providers with all-hazards disaster planning, and
- Develop a disaster mental health and psychological first aid training for healthcare workers.

Michelle can be reached at: michelle.mcdaniel@metrokc.gov or by phone at (206) 205-5389

Long Term Care Emergency Planning

The Long Term Care Emergency Planner, Carlos Dominguez, started on April 23rd. This is a new position in the preparedness section of Public Health-Seattle & King County and is co-sponsored by Aging and Disability Services. Carlos will be working closely with residential (nursing homes, boarding homes, adult family homes) and community based providers (incl. home health and home care agencies) throughout the county to improve their level of organizational and countywide preparedness for responding to all-hazard emergencies. He will also be collaborating with Community Based Public Health and the Vulnerable Populations Action Team as well as other internal and external partners that work with these agencies.

Carlos can be reached at: carlos.dominguez@metrokc.gov or by phone at (206) 205-8185

Hospital Emergency Preparedness Committee

- The hospitals are preparing for the upcoming regional exercise on May 30th. The exercise meets the HRSA/ASPR annual requirement, as well as incorporates JCAHO requirements to assist the hospitals in meeting those requirements as well. The exercise will run parallel to the Zone 1 Cascade Foothills exercise.
- Most hospitals in the region completed their NIMS progress reports by April 30th. The compliance date is September 30, 2007. All hospitals must be compliant with 4 of the 17 NIMS elements required for hospitals by this date.
- An orientation presentation is under development for new Hospital Emergency Managers. It was created to help bring new hospital emergency managers up to speed on the intricacies of the preparedness grants and regional planning efforts.

Legal Work Group

The workgroup is documenting state laws that could affect deployment of personnel during an emergency, including laws that provide certain protections for volunteers during an emergency and laws about licensing of health care professionals. This will include information about HB 1073, a bill passed by the 2007 Legislature that provides limited immunity to registered emergency workers.





Regional Medical Resource Center (RMRC)

- The first round of TSP numbers were received and distributed to the health systems that applied. The next round of applications will begin in late May to be submitted in late July. Health systems continue to apply for GETS and WPS access independently.
- The RMRC Operational Plan nears completion of a draft ready to disseminate to community partners for review. Protocols are under development in preparation for the May 30th Exercise.
- The Software Selection Workgroup chose a unanimous candidate during the software review process. ImageTrend will provide the RMRC's incident management software pending successful contract negotiation.

Puget Sound Call Center Coordination Project

- Met with King County Telecommunications and Qwest regarding options for new PHSKC phone system or upgrades.
- Presented an overview of the Call Center project at the State Healthcare Coalition Workshop.
- Cross county planning is now underway in Pierce, with Snohomish soon to follow.
- Joe will be part of the operational planning workgroup to discuss customization and utilization of the new RMRC software.

Training Opportunities

Note: The following list of available training opportunities are provided for your interest. Making each opportunity known as available is not necessarily an endorsement as to the value of each training.

Zone 1 – ICS 300*

May 14-15, 2007 – City of Bellevue, Contact: Vernon Owens, vowens@ci.bellevue.wa.us

June 13-14, 2007 – North Shore Utility/Bothell, Contact: Dave Van Valkenburg dave.vanvalkenburg@ci.bothell.wa.us

June 27-28, 2007 – City of Shoreline, Contact: Gail Marsh gmarsh@ci.shoreline.wa.us

July 25-26, 2007 – City of North Bend, Contact: Ron Garrow rong@ci.north-bend.wa.us

September 13-14, 2007 – Woodinville Fire, Station 31, Contact: Chief Bob Whipple bwhipple@wflsd.org

Zone 1 – ICS 400*

June 20-21, 2007 – North Shore Utility/Bothell, Contact: Dave Van Valkenburg dave.vanvalkenburg@ci.bothell.wa.us

September 19-20, 2007 – Woodinville Fire, Station 31, Contact: Chief Bob Whipple bwhipple@wflsd.org

Zone 3 – ICS 300*

May 22-23, 2007 – Kent, Contact: Dominic Marzano dmarzano@ci.kent.wa.us

Legend:

* Indicates course is eligible for reimbursement through HRSA funding

** Indicates course is eligible for reimbursement through Homeland Security funding.

For questions regarding the reimbursement processes, please contact Danica Mann at Danica.mann@overlakehospital.org

Crisis Management and Emergency Preparedness*

June 11–12, 2007 & June 16–17, 2008

Location: Talaris Conference Center - Seattle, WA

Cost: Starts at \$730

This two-day course is designed for managers and senior professionals in public, nonprofit, and private institutions. The course combines lectures, case-study analysis, presentations by leading practitioners, and open class discussion.

For More Information: Contact the Cascade Center for Public Service and Leadership: cascade@u.washington.edu

ERTI Decontamination Train the Trainer*

August 28-30, 2007

Presented by: WSHA

Cost: No Cost

To Register: Contact Peggi Shapiro at peggis@wsa.org

As in past years, there are also four-hour "refresher" training opportunities available, as agreed to between ERTI and the hospital facility. Examples include: decontamination system set-up/take-down, PPE donning/doffing, WMD information, or site management walk-through. These are scheduled on a first-come, first-served basis, so get your request in as soon as possible. Contact Chris Orkiolla c.orkiolla@erti.org or Roger Bianchi r.bianchi@erti.org to arrange.

Upcoming Conferences

Note: The following list of available conference opportunities are provided for your interest. Making each opportunity known as available is not necessarily an endorsement as to the value of each conference.

WAMI 2007 - 18th Annual Trauma Conference

May 30 & 31, 2007

Sponsored by: Harborview Medical Center

Location: Sheraton Seattle Hotel

Cost: Starts at \$120

To Register: Visit www.harborview.org

What's New in Medicine 2007? Medicine – Infectious Disease Continuing Medical Education Conference

June 8 & 9, 2007

Location: Three Rivers Convention Center, Kennewick WA

Cost: Starts at \$40

To Register: Contact Marlene Chua at jmchua@verizon.net or call (509) 547-9737 x225

Washington State Fire Chiefs HazMat and Special Operations Conference*

June 18-21, 2007

Location: Wenatchee, WA

A special healthcare track will be offered on the 18th and 19th, including a regional panel on hospital disaster readiness "best Practices", HICS presentation, and internationally recognized Dr's Igor Shafhid and Pinhas Halpern.

For More Information: Contact Peggi Shapiro at WSHA at peggis@wsa.org



Pandemic Influenza Community Preparedness Planning *

July 18 – 20, 2007 *Save The Date*

Location: Grand Hyatt Hotel, Washington DC

For More Information: www.ama-assn.org/go/pandemicflu

Tribal Emergency Preparedness Conference

August 9-10, 2007

Location: Red Lion Hotel – Jantzen Beach, Portland OR

Cost: No cost

For More Information: Contact Tacey Casey at tcasey@npaihb.org

Upcoming Exercises

Cascade Foothills, Functional Exercise – May 30, 2007

Zone 1 will activate its Zone Coordination Center (ZCC) in response to a simulated earthquake. Coordination among local EOCs is the primary objective of the exercise. Cities within Zone 1 as well as Zone 3 will be participating in this exercise. It will run parallel to the Hospital Evacuation Exercise to provide an opportunity to practice more direct coordination. For more information contact Mike Ryan, Zone 1 Emergency Planner at MRyan@ci.bellevue.wa.us

Region 6 Hospital Emergency Response Exercise – May 30, 2007

All hospitals in King County/Region 6 will be participating in an evacuation exercise in May based on an earthquake, with evacuation as the primary focus. Region 6 hospitals will use the exercise to fulfill the HRSA grant exercise requirement. For more information on this exercise please contact Danica Mann at Danica.mann@overlakehospital.org

Sound Shake 2008 – March 5, 2008

The Seattle UASI area (comprised of King, Pierce, Snohomish Counties, City of Seattle and City of Bellevue) obtained a grant to develop and execute a Seattle Fault Catastrophic Earthquake exercise. It will be a tri-county, functional exercise. The deadline for committing to participate in this exercise is September 30, 2007. Design Team Contacts for Region 6 include: Grant Tietje – Seattle, Heather Kelly – King Co. and Vernon Owens – Bellevue.



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<http://www.metrokc.gov/health/hccoalition/updates/>

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